

# NEWS BULLETIN

VOLUME 8 NUMBER 5

UNITED NURSES OF ALBERTA

OCTOBER 1984

## EMPLOYEE RECOVERY PROGRAM

Return to:  
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At the turn of the century, employees were overworked and abused primarily because supervisors had an inappropriate understanding of how people work. The working man was seen as a kind of machine that, when turned on, would constantly perform tasks exactly as calculated. If an employee took five minutes to fill a wheelbarrow he could be expected to fill the wheelbarrow 12 times an hour for 12 hours if necessary. There was little regard for factors such as exhaustion or boredom, let alone the personal problems of individual employees.

Workers are not robots. They do not shed their personal problems with their coats when they begin work. The fact is that people bring their strengths and weaknesses into a job, and these attributes constantly change due to life experiences on that job and off. A crisis can sap a person's emotional, intellectual and physical strength to the point where outside support is required. Employers have taken the last 40 years to begin to see that they can help that employee and, in doing so, help themselves.

### The Need For ERP's

The Canadian Mental Health Association has estimated that one third of the Canadian population will at some point suffer from a disabling emotional problem while one out of six will require psychiatric care, probably through a hospital. It has been estimated that Canada loses \$21 million per work day because of the debilitating lifestyles of many in the workforce. Alcoholics and drug abusers make up a significant proportion of those in this group. Marital problems, depression and anxiety can affect workers just as severely. The following statistics from a number of surveys underline the

necessity for Employee Programs.

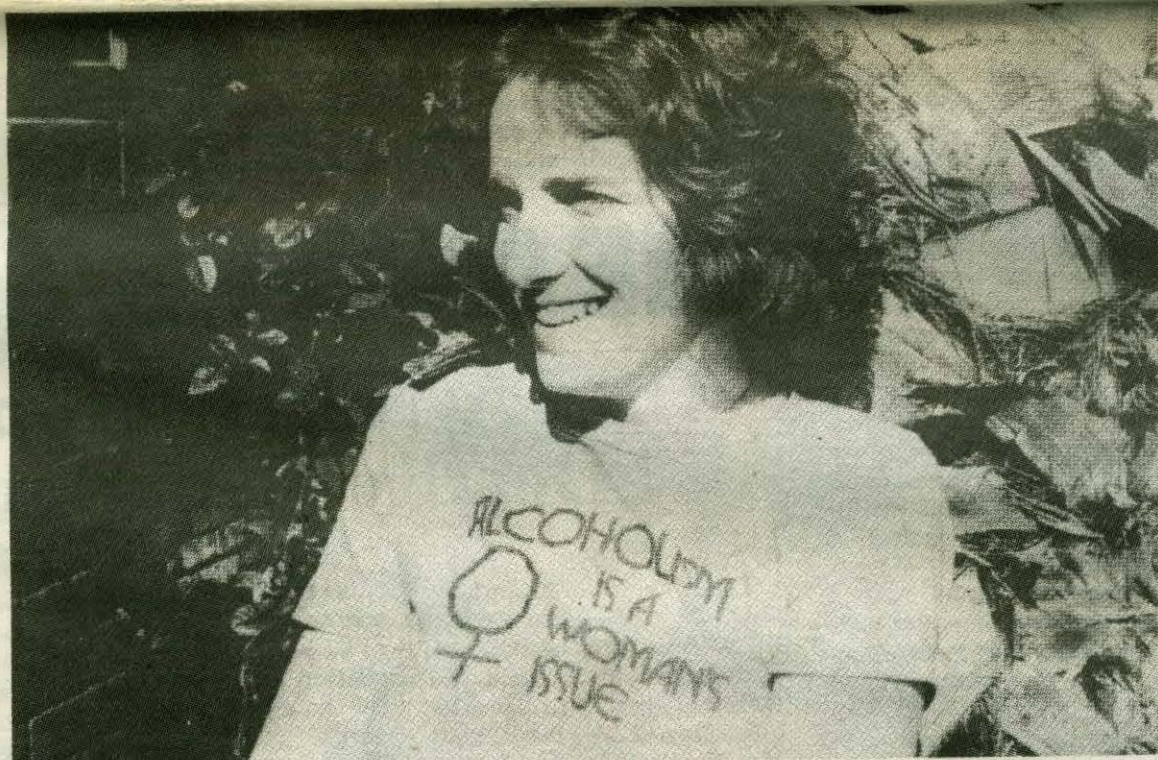
- A study on absenteeism indicated that emotional illness was the principal reason for absence of 61% of those questioned.
- 65% to 80% of the workforce are terminated due to personal/interpersonal factors rather than technical factors.
- Heavy drinkers are absent 16 times more than

began in 1935 to spread the word that alcoholism was a treatable illness. A handful of American companies including Eastman Kodak, E.I. Dupont & Consolidated Edison responded during the 40's with programs for alcoholics in their medical departments.

Further impetus came in 1944 with the formation of The National Council on Alcoholism (NCA). This

trained to identify alcoholic employees. They were expected to watch for such symptoms as bloodshot eyes and trembling hands and then send the afflicted employees to the medical department for further diagnosis and referral. This approach did not work well since supervisors had little desire, time or ability to effectively take on the added diagnostic task.

the job performance approach. Here, line supervisors went back to their basic duties monitoring such things as worker productivity and absenteeism but were sensitized to look for alcoholism as a possible reason for reduced performance. This approach proved to be much more effective and is still popular today.



*We all have our reasons for drinking yet seldom do we examine them.*

the average employee, are four times more accident prone, take three times as many sick benefits and make five times as many compensation claims.

- 80% to 90% of all industrial accidents are related to personal problems. About half of those involve alcohol abuse.

### Company Alcoholism Programs

Alcoholism is probably the most readily apparent performance impeding problem, and so programs predating formal Employee Recovery Programs focused solely on problem drinkers. Alcoholics Anonymous

group initially had little success in pursuing its mandate to educate the public and establish more company alcoholism programs. After 15 years, it could count only 50 companies with programs. Further, many of these were mere "paper programs" that were never really put into effect while others were little more than a list of local Alcoholics Anonymous meetings that the plant doctor or nurse would recommend to an alcoholic employee. Unfortunately, there still are companies that feel such an approach is adequate.

Some early programs experimented with a system where supervisors were

The initial "supervisor as diagnostician" approach was generally replaced by

### The Broad Brush Approach

In the early 70's employee Recovery Programs began to recognize the need to broaden the scope of their assistance programs. During the "drug crisis" of the late sixties, the narrow focus of alcohol programs widened to include chemical abuse and then, with the endorsement of important groups such as the National Institute of Alcoholism and Alcohol Abuse in the U.S. and the Canadian Mental Health Association, widened again to include marital, family, financial and personal counselling.

### Union Acceptance Of ERP's

There are parallels in the way union representatives and managers have changed their attitude regarding Employee Recovery Programs. Continued on page 4

## UNION MAIDS

*"There's a job to be done and a fight to be won."*

Prepare  
for AGM  
See pages  
6 & 7



UNA  
ANNUAL  
MEETING

Tuesday to Thursday  
November 6-8, 1984  
at the  
Four Seasons Hotel  
in Edmonton



## Going Armed to the AGM



By M.T. Caughlin

The time is again upon us to prepare for UNA's Annual Meeting. In just 7 years, this organization has grown stronger than anyone probably dared dream in 1977. One of the primary reasons for this, I believe, is the dedication of the membership to the democratic process.

I am calling upon you now to put that process through its paces in the preparation for this year's Annual Meeting. Get out to your local meetings, let your delegates know what you think about the issues.

As your Secretary Treasurer, I'm most concerned with the financial issues being brought to this year's annual meeting. Specifically I'm concerned that the delegates going to the annual meeting go armed with direction from you the Membership.

The Finance Committee has prepared a budget proposal for 1985. In doing so we had to consider the following directions given to us by the membership at the 1983 Annual Meeting.

- the funding of the Presidents of small locals
- the funding of District Representatives to visit locals.

- notice of intent to ask for a reduction in dues.

The Board also made requests for increased funding in 1985 on behalf of the districts they came from, and the committees to which they belonged, for such things as:

- increased funding for district committee members to attend district meetings.

- increased funding for Education of the general membership.

- increased funding to do Board business.

The Finance Committee, and the entire Executive Board, has taken a position, and not without argument I might add, on these and other questions and have put

together a budget proposal utilizing the following two assumptions:

- 1) that the membership would like to see more of their dues dollar spent compensating those members who are out there actively doing the day to day business of U.N.A.;

- 2) that the membership continues to see the provision of education as a priority.

Our 1985 Budget proposal provides for:

- the funding of presidents of small locals

- the funding of district reps to visit locals

- the funding of district committee members to attend district meetings

- a small increase in funding for Education

- a small increase in funding to do board business

It does not provide for:

- a reduction in the revenue of U.N.A.

- Provincial funding of observers to attend Board Meetings

- a contribution to the Capital Acquisition Fund

The result is a balanced budget for 1985 with a small surplus.

We attempted to keep your recommendations and your best interests in mind when preparing this budget proposal. Now, we need to know whether or not we were successful in identifying properly the direction you the membership wish this organization to go in. If we did not, you must let us know where you would like changes made. In other words what can be cut and what you consider a funding priority.

I urge you again! Attend your local meetings, find out about ALL of the issues coming to the floor of the Annual meeting and above all, provide your delegates with direction, so that they can vote on your behalf, well informed about your position!

## Health Unit Bargaining, A Concern for all U.N.A. Members



by Simon Renouf

The current Collective Agreement for U.N.A. members in 11 health unit locals expires March 31, 1985. On November 22 and 23, delegates from all 11 health unit locals will be gathering in Edmonton to set negotiating demands for their new contract. It is certain that in discussing those demands, delegates will consider the issues raised in the thought provoking article, "I remain an ardent unionist" written by Debra Ransom, President of U.N.A. Local #36 for the September 1984 issue of the U.N.A. Newsbulletin.

In her article Ransom threw out a challenge to all U.N.A. members. She wrote: "It is not enough for hospital R.N.s to say that it's too bad that health unit nurses are so unassertive or that it is a shame they don't value themselves more. To make statements such as these is to deny the validity of health unit nurses' experience."

Perhaps Ransom is overstating the issue. After all, it is possible for U.N.A. members in hospitals and health units alike to look at the different collective bargaining experiences between hospitals and health units and draw the conclusion that at least one explanation for the greater success of hospital nurses has been their will-

ingness to take militant action, including taking the risk of strike action when it appeared necessary and desirable.

This is not in any way to suggest that the services provided by health units are perceived in exactly the same way by the general public as services provided by hospitals, nor do I suggest that the government would respond in the same way to a health unit strike as it has traditionally responded to hospital strikes.

Yet I think it is fair to observe that there is no magic formula for success at the bargaining table. U.N.A. as a trade union has formally embraced the principles and tactics that have served the trade union movement over the years; the most fundamental of those tactics is strike action. A fact of life remains that the possibility of militant action being undertaken by a trade union is essential in order for that union to be taken seriously at the bargaining table.

In the past there has been some discussion about the degree of support given to U.N.A. locals in negotiations by other locals which may not be in negotiations at the same time. U.N.A.'s annual meeting in 1981 adopted a policy that in the event of a

U.N.A. approved strike, locals within the district must actively support the striking local, if requested, or organizing a roster for picketing purposes. Members of the non-striking locals within that district would be required to fulfill their obligations by picketing as directed by their locals.

Health unit nurses represent a small proportion of U.N.A.'s total membership and are understandably concerned that they may be overlooked in the day to day conduct of the union's business. U.N.A.'s executive board, by establishing an ad hoc committee on minority bargaining groups, has indicated its sensitivity to this concern and has taken steps to address it.

As the health unit nurses move into another round of negotiations, I think it is important for them to be able to count on their fellow unionists, especially other U.N.A. members, to give them a great deal of support.

Our union has earned an impressive reputation for unity and solidarity. The 1984/85 round of health unit negotiations may give us all another opportunity to prove that we deserve that reputation.

## HEALTH & SAFETY

### OSHA Nearly Approves Deadly Experiment

by Scott Tobey

The Dan River Company should not be allowed to use its workers for human experimentation. So said the National Institute for Occupational Safety and Health (NIOSH) in a June 8 letter, after a request by the Virginia textile manufacturer to waive federal standards for cotton dust exposure.

Dan River argued for an experimental variance to allow researchers to test the theory that byssinosis, or brown lung disease, is caused by bacteria and not by cotton dust. Dan River has consistently claimed that cotton dust does not cause byssinosis, despite scientific evidence and court decisions to the contrary.

The proposed project would have required exposing 210 workers who volunteered for the experiment to levels of cotton dust above the federal limits, with respirators as their only protection.

The immediate purpose of this Orwellian experiment was to avoid the installation of \$7.5 million worth of ventilation equipment required by the current federal standards.

Dan River originally requested money from the Occupational Safety and Health Administration (OSHA) to conduct its research. Although agency officials said they did not have the funds, Thorne Auchter, OSHA's former director, wrote a letter to the Virginia Department of Labor and Industry endorsing the company's request.

Auchter's endorsement was made with the assistance of Leonard Vance, OSHA's director of health standards.

Auchter's support letter failed to mention the reservations of Susan Harwood, an OSHA toxicologist who reviewed the proposed study. Harwood, in her assessment of the company's request, stated, "This

should not be used as a vehicle for escaping the compliance deadlines for the cotton dust standard.

Nevertheless, on May 4, 1984, Virginia approved Dan River's request for an experimental variance and gave the company until July 1 to submit a grant proposal to NIOSH for funding.

The NIOSH objections and the intense opposition of health and safety activists doomed this bizarre human experiment, and Dan River will have to install ventilation equipment to reduce worker exposure to cotton dust. Still, the case provides a frightening example of the Reagan Administration's "human guinea pig" approach to workplace safety and health.

(Scott Tobey works for the Labor Program Service at Michigan State University.)

## NEWSBULLETIN

The UNA Newsbulletin is a bimonthly tabloid published by the United Nurses of Alberta on the advice of the Executive Board and its Editorial Committee.

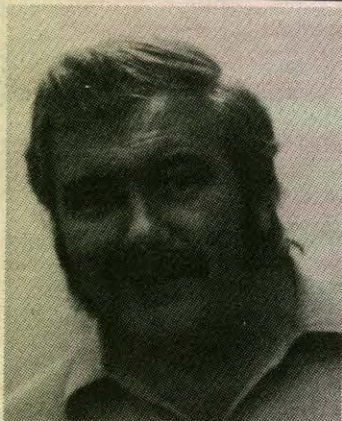
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All letters to the editor should be addressed to Gail Dalglish, Editor, UNA Newsbulletin, UNA Provincial Office, 10303 Jasper Avenue, Suite 760, Edmonton, Alberta.



# DISTRICT REPORTS

## SOUTH DISTRICT



By Erwin Epp, Acting Chairperson

Vacation time is almost over and I guess that most of us are back in harness again. I feel fortunate in that I still have holidays to look forward to.

South District has remained fairly quiet this summer. There are rumours of some problems here and there, but most of the problems are solved without going to arbitration. We have found that the recession we are in seems to work in our favour when it comes to a grievance. Administration in the Lethbridge Regional Hospital is much more willing to talk to us now, especially after getting the bill for the last few arbitrations.

South District is very pleased to have Darlene Wallace from Pincher Creek as the acting rep. replacing Margaret McNutt. Darlene is really diving into her job as rep. Keep up the good

work Darlene. She's certainly keeping me on my toes. Rumour has it that she is going to run for S.D.R. at the annual meeting. It looks as if South District may have a choice when voting for their reps this year.

S.D. has a "Who's Who in Health Care" workshop scheduled for Sept. 11 and a level 1 grievance and P.R.C. workshops scheduled back to back on October 30 and 31. We're all looking forward to them.

That's all the news from South District that I can think of. We'll see you all at the annual meeting.

## CENTRAL DISTRICT



By Jane Zinken

On September 27 an Assertiveness Workshop was filled to capacity. The interest was so high that the ones who could not attend have asked that another one be held. The workshop was thoroughly enjoyable and

we all learned a lot.

Following the workshop a District Meeting was held. Ten of 18 locals were present including both our Health Unit locals. The Health Units are preparing for their demand setting meeting in November and we all discussed ways to show them support in the event of a strike situation. All hospital local presidents will be making suggestions for moral and financial support to their Locals and bringing back the results to the next district meeting.

At Three Hills a P.R.C. Workshop is being set up and their membership has increased. Good Going!

Bashaw reports better attendance at their meetings after a new Executive took over. Lacombe made a \$500.00 donation to the Lacombe Ambulance for an electronic blood pressure machine. Innisfail reports less apathy. Their letters of hire were all incorrect and have been grieved.

In Stettler even though there seems to be some apathy, they are having administrative and staff problems and their P.R.C. is being used regularly. Ponoka has a new hospital under construction. They have one grievance going to arbitration. Wetaskiwin has been having some problems with the scheduling options. Three of their areas have gone to twelve hour shifts. They have had no letters of hire and were encouraged to get right on it.

Red Deer just finished an arbitration regarding charge

pay - vs - out of scope pay. They are waiting for the award any time now. They also have two grievances outstanding, one on recognition of previous experience and one on charge pay.

Even though most Locals report some apathy Central District remains quite active in enforcing the new contract.

See you at the Annual Meeting.

## NORTH DISTRICT



By Hazel Paish

Our summer North District meeting was held on June 11, 1984 in Grap. Prairie with a fairly good turnout. We also had a two day workshop at this time on local administration and grievance by Dave Thomson. Margaret Etier was present as a guest.

At the meeting Wes Radulski announced his resignation citing personal conflicts as reasons. Karin Stoop, President of Local 52 was elected to fill the position of North District representative until the annual general meeting in

November, 1984. Hazel Paish will take over as chairperson of the district. Hazel is in the middle of a move at present, so has no phone, therefore if you wish to contact her, please leave a message at Provincial Office.

Grande Prairie finally has a new executive! Debra Kuper - President, Dorothy Leslie - Vice-President, Betty Gerrits - Treasurer, and Nancy Garner - Secretary.

The Queen Elizabeth II hospital in Grande Prairie is now open and in use. Berwyn Hospital was moved on May 15, 1984 to Grimshaw and has settled in quite well. Also, Fairview has a new president - Diane Burlock. We would like to welcome you all as local executive members.

Karin Pederson (Stoop) is replacing Wes Radulski on the North District Executive. Welcome Karin and congratulations on your recent wedding.

We are trying to avoid winter workshops in the North because of the necessity to travel long distances.

Up-coming North District Workshops:

October 24 & 25, 1984

P.R.C. & Grievance Level II Workshops, followed by District meeting.

Contact people for further information:

Hazel Paish - please leave a message at Provincial Office.

Karin Stoop - 338-3866 (H)  
332-1155 (W)



# FIGHTBACK

## Worker's Comp. — not for all

Workers' Compensation appears to operate satisfactorily for definite, easily identified claims — claims which last just the length of time of recovery and where there are no lingering effects. Broken fingers, cuts and injuries are the easily identified and processed claims.

Problems begin to arise with claims that are not clearly identified as work related or those in which there is a dispute about the degree of recovery. Back injuries and infections or illness resulting from contact with toxic substances present most of the problems with W.C.B. claims.

A significant problem for U.N.A. members with injuries which qualify for W.C. benefits is a ruling that the member is fit for light duties. The WCB uses this as a reason for discontinuing benefits, yet the employer often does not have suitable light duties available. The employee is left in an

untenable predicament. The person can't qualify for further benefits yet the employer is not required by the Act to take the employee back. The current U.N.A. hospital contract addresses this issue and now requires hospitals to provide alternate work or coverage under short and long term insurance benefits. The U.N.A. will be attempting to negotiate a similar provision in the other agreements.

On a broader scale, a problem with the WCB is lag time with research.

For example, claims often drop as the work force moves from producing goods to providing services. However, there is very little research into the hazards of service with work. There is only limited recognition of work related problems in this sector. Two examples of the problem with research lag are video display terminals (VDT's) and chemicals.

Video display terminals are

suspected of causing a number of problems but until there is conclusive proof, benefits to harmed workers are not available.

Chemicals are potentially an even greater problem. There are now over a hundred new chemicals of all types developed everyday. Many find their way to the work place. Few of them are tested for adverse affects and even then the results may be kept from those who come in contact with the chemical. The recent agent orange chemical defoliant case in the United States is a very good example of this problem. The chemical was around and in use for several years before the hazards associated with it were recognized. The same danger exists with many of the new chemicals being introduced today but until a hazard or danger is proven, there are no workers' compensation benefits available to workers who suffer as a result of using these products.



## DEFINITION: When is a nurse a master

This was the question put before an arbitration board considering a grievance that arose at the Edmonton General Hospital. The nurse who filed the grievance holds a Master's Degree in Education and was denied the hourly allowance provided in Article 26 of the Collective Agreement.

At the hearing, the Hospital's lawyer argued that the grievance was filed out of the time limits, that the employee should have grieved this when she was hired four years previously. The Arbitration Board, however, adopted the U.N.A.'s argument, saying this was a continuing grievance, an issue that arose each time the employee received her pay cheque, and therefore al-

lowed the grievance as being timely.

The issue as to whether Master's Degree means in Nursing only has not yet been resolved. The Arbitration Board has taken the position that the language of the collective agreement was ambiguous and has called for the introduction of evidence of the intent of the parties in bargaining. A second hearing date is being set for this. What do you think? Is a "Master's Degree, University" limited to a "Master's Degree in Nursing from a University"?

Watch this column for the answer to this question.



# EMPLOYEE RECOVERY PROGRAM

Continued from page 1

grams. Union representatives, like managers, started by denying employees' personal problems. The union would typically shelter a troubled member in the name of protecting a job while the alcohol problem itself would be left untouched. However, during the 70's many union members have acknowledged the need for Employee Recovery Programs and have even included them in their bargaining demands. At its 1978 convention, the Canadian Labour Congress announced formal efforts to combat alcoholism among its members and to work alongside management towards those ends.

The goal of the E.R.P. is to provide a process whereby a distressed worker can access appropriate help in dealing with a specific problem which affects her work. It is founded upon a basic assumption that any human problem can be successfully treated provided that it is identified in its early stages and referred through an E.R.P. to an appropriate community resource.

It is now evident that between 10-15% of the work force at any one time experiences personal problems

as a poignant example of the shoemaker's shoeless children. Providers of health care frequently fail to provide self-care.

Health care workers have a "high risk potential." U.N.A. members have frequent access to drugs, experience high stress, and often work in isolated settings and/or independent situations. And yet there are many fewer E.R.P. programs in the health care industry than in other comparably-large industries. Why is this?

To answer this question requires a thesis. In general, however, professional workers display a double layer of denial. Not only must they acknowledge to themselves that they have a problem; they must also overcome a thick layer of training which tells them that they are the helper not the recipient in need of help. Helpers, they have been taught, should be above personal problems. The massive denial process further increases the stress level making further denial necessary. Nurses who perceive themselves as above personal problems are frequently judgmental of other nurses who display emotional and behavioural problems. Peer pressure thus further consolidates and strengthens the refusal to

grams with this issue very clearly in mind. U.S. health care workers have initiated peer group intervention models. Along with the formal E.R.P. model based upon industrial worksites, a much more informal peer group is also set up in which "recovered" nurses support the "distressed professional" colleague/co-worker.

This "professional" issue must be addressed throughout the E.R.P. program design. It affects such decisions as location, referral process, confrontation method, treatment programs. The informal peer group aims at assisting co-workers and at educating colleagues and family members. It also acts as a consultant group to the formal labour-management E.R.P.

## Employee Recovery and Women

Recent studies by the U.S. Department of Health, Education and Welfare show that women are twice as likely as men to suffer from such stress symptoms as headaches, insomnia, nervousness, and heart palpitations. Australian and New Zealand studies indicate that women are more than twice as likely as men to suffer from psychiatric disorders.

Physiological changes, employment competition and stress, and domestic responsibilities combine to pressure women in both traditional and new ways. An old Russian proverb says that "the brain is capable of holding a conversation with the body that ends in death." In addition to being super-nurses, women also often feel a demand to be super-wives, super-mothers, super-lovers, super-cooks and knock-outs. Such brain conversations often result in exhaustion, sickness, and even death. While an individual woman can make some choices to alleviate stress and pressure, (exercise, non-smoking, diet, hobbies, etc.) - much of the stress is institutional and systemic. Thus the need for institutional programs which reduce stress in the workplace. But the individual women must also be helped and supported on an immediate basis.

E.R.P.'s must take the unique situation of women into their program design. To be approached by a male and told you need help; to be assessed by a male who is ignorant of the realities of your life; to be treated by a male who down-plays the stressors you experience - these are counter-productive to the aim of problem-solving. In fact they may increase the sense of frustration, powerlessness, and rage.

U.N.A. supported E.R.P.'s must seriously address the fact that the membership is almost entirely made up of women whose "triple days" need to be understood and responded to at every stage of the program.

## Issues to be addressed

### Joint Labour-Management E.R.P.'s

Because E.R.P.'s are not

## AFL — ERP Seminar Fall, 1983

*Employee Recovery Programs are designed to assist employees at all levels after they have begun to develop problems which may lead to or be causing a deterioration of their work performance. The E.R.P. is designed to:*

1. Identify distressed employees at the earliest possible stage.
2. Motivate the employee to seek help in handling their problem.
3. Direct the employee to the best professional assistance available.
4. Follow-up on the intervention program to assure positive results.

*It is important to note that E.R.P. is not seen as a cure-all but is simply set-up to provide a way of helping those people whose personal concerns cause problems at work.*

*The workshop I attended explained what is needed to start an E.R.P. including the kinds of resource people necessary and how to negotiate these programs in the union contract.*

*I have several ideas which came to me while attending this workshop:*

1. As health care professionals we should become very involved in initiating these programs for our members.
2. As trade unionists it is our responsibility to ensure a better quality of life for our members.
3. E.R.P. programs need resource people to refer their people to and our members could be part of this resource team, therefore, creating jobs for some of our interested members.

*I recommend that U.N.A. participate again in sending members of the Executive Board to these workshops and that we place on our Further Education List a program dealing with E.R.P. I wish to thank the Executive Board for sending me to this worthwhile workshop.*

*Laurie Coates, District Rep, S.C.D.*

*It is now evident that between 10-15% of the work force at any one time experiences personal problems which affect their efficiency as employees, and dis-integrate their personal relationships.*

which affect their efficiency as employees, and dis-integrate their personal relationships.

## Employee Recovery And the Health Professional

While U.N.A. fights strongly to include itself in the working class, it also struggles with the "professional" title. And this label is more than surface-deep. It carries with it major implications for U.N.A. as it addresses the question of E.R.P.'s.

There is a definitive lag in development of E.R.P.'s in the health care industry. This lag has been described

acknowledge problems.

Adult children of alcoholics, and especially female adult children of alcoholics, surface as even higher-risk members of this high-risk professional workforce. Often childhood "nurturing" skills gained them recognition and approval. Their self-seen caretaker role often leads women in this group to marry dependent men, to establish relationships in which they are the strength, and to choose to work in a "helping profession." A massive force is, therefore, at work within this person never to admit she needs help.

U.N.A. must therefore structure its E.R.P. pro-

just personal problem-solving arrangements, but rather are designed to address employees' problems as they affect both the worker and the work place, joint labour-management programs are the favoured model.

In situations where the occupational settings are mobile or where a number of small companies collectively form the worksite, some unions have opted to set up union-based E.R.P.'s. The major difference in this model is that the supervisor's role in monitoring job performance and in referring is transferred to the union representative. The role of the Local expands to encompass both the management and labour responsibilities as described in the joint program.

trolled by both the union and the management. When appropriately set up to safeguard this joint ownership and control, this type of committee commits both parties to an attitude of assistance towards distressed workers. This commitment, when exercised through an E.R.P., results in the interests of both parties being met - increased worker efficiency and productivity on management's side; self-esteem, job-satisfaction and reduced-stress on labour's side.

The traditional response of management to the distressed employee is the speedy, so-called rational one of termination. Grievance procedures may prolong the employee's job tenure several weeks or even months. However, the ac-

*UNA supported ERPs must seriously address the fact that their membership is almost entirely made up of women whose "triple days" need to be understood and responded to at every stage of the program.*

For U.N.A. purposes, the union-based model does not seem to be appropriate. A joint labour-management program is owned and con-

cumulation of further unexplained absences, latenesses, missed deadlines, errors, and accidents almost inevitably supports manage-



ments' position and the employee is again terminated. The worker loses her employment, management and union spend money in grievance handling, the employer is faced with training a new employee - everyone, especially the worker, loses. The joint labour-management E.R.P. commits

guarantees equal participation. This means that the union must be prepared to commit time and money to research E.R.P.'s, to document work situations, to write up proposals, to critique existing programs, to train union counsellors and ward representatives, to research data, to explore community resources and to

be very clear about all phases and stages of an E.R.P. UNA must write in to the program, unambiguous agreements about confidentiality.

#### Authority

The union and management form a joint E.R.P. This agreement however,

**No joint union-management committee will remain equal unless the party with least institutional power watchdogs every aspect of the program.**

both parties to early identification of workers' problems and to concrete support for these workers.

A union-based E.R.P. does not have management's commitment to assistance. A management E.R.P. contains none of the safeguards needed to ensure the job-security and well-being, not the termination, of an employee.

The question facing U.N.A. is less whether it should endorse a joint labour-management model of E.R.P.'s, and more how to ensure the joint ownership and control of E.R.P.'s.

#### Ensuring Joint Ownership and Control

Agreements between management and labour form the solid base for joint ownership and control. The Union that wants to ensure this type of ownership and control must do a tremendous amount of initial work to make absolutely sure that every part of the E.R.P.

communicate with members.

Once implemented, an E.R.P. must be maintained, monitored, and evaluated. No joint union-management committee will remain equal unless the party with least institutional power watchdogs every aspect of the program.

#### Confidentiality and Employee Rights

Confidentiality is the key issue to address. It forms the cornerstone of an effective and productive E.R.P. Without it, no program can succeed. Without it, employee rights are at best endangered, and at worst, non-existent. Personal and social problems will not be acknowledged, even to oneself, if the cost of such an acknowledgement is peer disapproval and scorn, job insecurity, marital endings, financial suffering, social stigma, etc., etc. Thus, the worker must be guaranteed that in the E.R.P. confidentiality is an absolute.

The task for U.N.A. is to

must acknowledge that it does not constitute a waiver of management's right to take disciplinary measures, (within the frame work and provisions of the contract) nor the union's right to grieve. All the specific safeguards contained in collective agreements remain in force. In fact, these safeguards in the collective agreement should be reinforced in a labour-management agreement by stating that should the employee participate in the E.R.P., it shall in no way jeopardize job security and/or create discrimination in promotional opportunities.

The labour-management agreement should further state that employees participating in the program shall be entitled to all the benefits given under current arrangements to employees who are sick, as well as any

that members understand the program and give indication that it is needed and will be used.

#### Other Unions

E.R.P.'s are often established for all workers at a worksite. U.N.A. Locals will therefore be involved with other Unions in setting up working committees for an E.R.P. While this adds complexity and complications, it

with the registration body for nurses must be carefully set up so as to protect distressed professionals vis a vis their registration.

A group presently exists in Calgary which is an offshoot of an A.A.R.N. convention. This group is struggling at the moment with this issue but has had only one meeting to date.

U.N.A. must address the relationship of E.R.P.'s to

## Employee Recovery Program AFL & CLC Spring School

*The workshop showed there is a lot of time, effort and just plain hard work in setting up a program of this magnitude. A lot of channels have to be covered to protect the rights of the employee, so that their problem doesn't become used as a tool for severe discipline and a black mark on their record. This has been the case in the past.*

*I wish to thank the Executive Board for sending me to a very worthwhile and informative workshop. It gave me a lot of insight and enthusiasm that this could be a way of giving assistance to a lot of health professionals, ie. nurses, as ourselves, who don't know where to turn.*

#### RECOMMEND:

*That UNA continue to take an active interest in the ERP by sending members to these different workshops and schools, to further investigate the benefits and drawbacks of the ERP.*

#### RATIONALE:

- 1. To create a better quality of life for our members, ie. to assist our own members who are being left out on the limb because of their status.*
- 2. Resource people are needed for referrals - therefore with the wide variety of people we have in our profession, this could create jobs for interested members and thus could be part of the referral group.*

Tanis Bakke NCD Chairperson

**Professional workers display a layer of denial. They must overcome a thick layer of training which tells them they are the helper not the recipient in need of help.**

specific services as agreed by labour and management, to be offered by the E.R.P. Third party insurance coverage and similar benefits should be mentioned in this clause of the labour-management agreement.

#### Union Involvement

##### U.N.A. Members

It is of critical importance that all Locals, all parts of a Local, and all workplace settings have access to the discussion about E.R.P.'s and have in-put into the program design and decision-making. This not only ensures that decisions are not in conflict with other union committees or policies, but more importantly, it ensures

also provides for greater strength on the union's side of the agreement.

##### A.A.R.N.

Some suggestions have been made to work with the A.A.R.N. in the setting up of the peer groups of E.R.P.'s. Just as the joint work with management in implementing an E.R.P. must be carefully monitored so as to protect job security and promotion potential, so, too, programs which work

the A.A.R.N. e.g. What is the legal responsibility of a nurse who, through her work in a peer group, discovers a serious professional misconduct in a colleague?

This issue of E.R.P. interface with the nurses' registration body has had little written about it. The U.N.A. probably faces the task of initiating discussion and of formulating a position.

## CHOICES '84 CONFERENCE

*I attended the "Choices '84" Conference that was being held in Edmonton on May 16 - 18, 1984.*

*I enjoyed this conference very much but found the majority of sessions were zeroing in on Alcohol and Drug abuse problems and yet it was recognized that Stress, in many cases, is the problem that causes those two.*

*The one session I found most pertinent to District #24's problems was titled, "Stress in the Workplace" given by Dr. Arthur Balle, Employee Assistance Service Consultant, City of Edmonton.*

*Among other things, Dr. Bolle stated that the 20th Century is the "Age of Anxiety."*

*Emotional distress is the cause of 61% of absenteeism and 80% of dismissals.*

*He stated that 20% of the workforce is affected by migraine headaches and that in excess of 85% of all known diseases, are caused by STRESS.*

*I was extremely impressed with his presentation which included two video tapes and one film. As a result, I talked to Dr. Balle and he stated that he would give this session as an Inservice (if the City would give him time off) at our workplace.*

Lena Clarke, R.N., President, Local #118

Calling UNA Office  
From outside Edmonton  
Call 1-800-252-9394



# Annual Meeting

## BOARD REPORTS

### FINANCE COMMITTEE

One of the biggest items on the agenda of the Finance Committee this year, was to follow the direction of last year's Annual Meeting and provide funding to Presidents of small locals. We made every effort to find the funding and distribute it fairly among all locals.

The Finance Committee followed further direction by making money available for District Representatives to visit each of their locals once each year. This was done at the

agreed with the Executive Director's recommendation.

Arising from this event were policies regarding the actual procedure of the hearing.

#### 2. Ratification Vote Regarding Affiliation with NFNU

The Legislative Committee was responsible for developing the procedural outline and reporting of the results of this ratification vote. The vote resulted in an overwhelming decision not to affiliate with the NFNU at this time.

#### 6. Services to Members

The Legislative Committee prepared submissions for the procedural kits on grievance and arbitration. In addition, a procedure for maintaining contact with members who have been laid-off, and educating these members to their rights while laid-off was planned and implemented. Currently a procedure and information package similar to this, for members on Workers' Compensation is being developed.

### MEMBERSHIP COMMITTEE

The following items were dealt with by the membership services committee:

1. An application was made to the Alberta Nursing Research Foundation for \$22,000 to develop a computer assisted shift scheduling program. Our application was subsequently turned down.
2. An ongoing review of Observer's Protocol for Executive Board meetings was done to help observers become more familiar with the proceedings at Board meetings.
3. Guidelines for Locals' UNA orientation was developed, with input from the Negotiating Committee.
4. Local Procedure Kits have been developed to enable local executives and committee chairpersons to be familiar with their responsibilities.
5. Policies were drafted regarding Membership Lists and how often they are being sent out to locals.
6. A supplemental Dental Plan to cover "extensive dentistry and orthodontic services" was investigated. Seventeen (17) insurance companies, including Blue Cross, were contacted, but none were willing to take over this type of coverage.
7. Publications from the National Action Committee on the Status of Women were reviewed by the Committee and sent out to the locals. The Committee also reviewed and distributed when appropriate, materials from AFL on Health & Safety and also women's self-defence.

### LIAISON COMMITTEE

The Liaison Committee met at each Board Meeting and items regarding UNA/AARN were also discussed at Executive Officers' Meetings as necessary. Items dealt with by the Committee during this past year were:

#### Liability Insurance

A request was made to the AARN to obtain a copy of the AARN Liability Insurance Plan. The highlights of the Liability Plan were received with the explanation that it was the policy of AARN to only release the highlights of the AARN Malpractice Liability Insurance Plan as underwritten by the Mutual of Omaha. At the present time, the above Plan is under review by AARN Provincial Council and it was decided to await the results of the review before further discussion and recommendations take place.

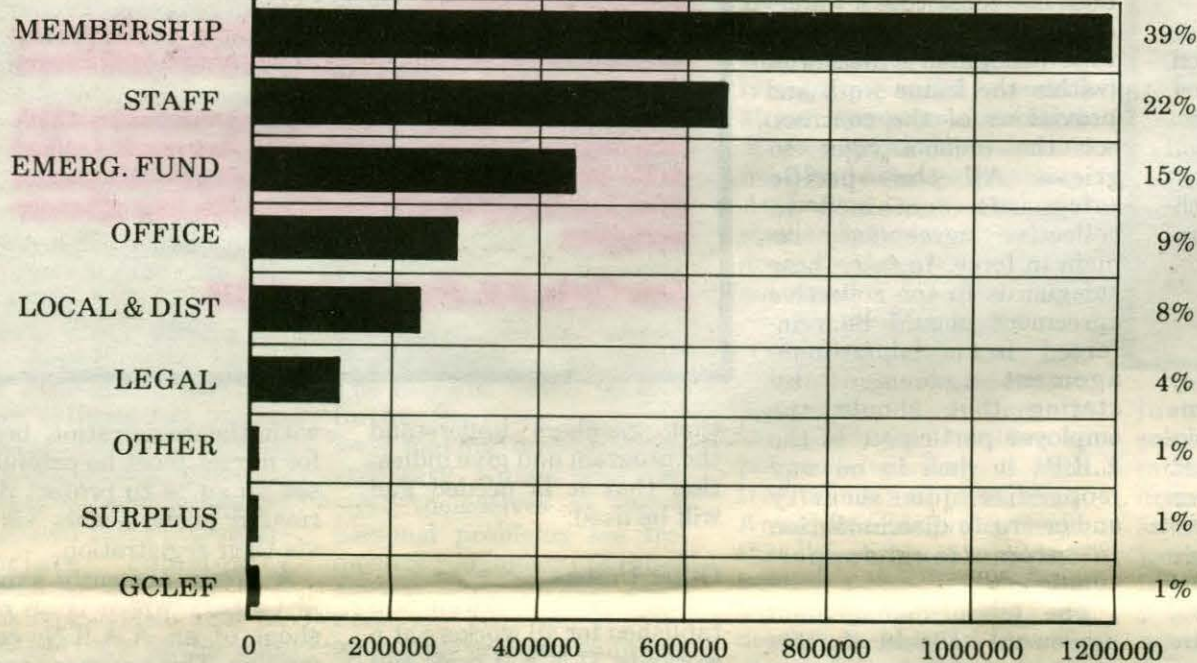
#### CNA Code of Ethics

The draft section of the CNA Code of Ethics dealing with "The Social Content of Nursing" was reviewed and discussed thoroughly. Concerns were raised regarding interpretation of the clause referring to "planning and implementing job action." NFNU informed UNA of the collective concerns of their member Nursing Unions. A letter was sent to the Ad-Hoc Committee of CNA dealing with the proposed Code of Ethics, voicing UNA's concerns.

#### Arbitration Proceedings

A letter was sent to AARN on February 14, 1984 stating UNA's position regarding compulsory arbitration and requesting that AARN not participate if requested to do so. The AARN response received March 12, 1984 was that the AARN would not respond to a request from the Government to be involved in arbitration proceedings in recognition that services are provided to the members in the Labour Relations area by United Nurses of Alberta.

WHERE THE DUES DOLLAR GOES



December 1983 Board meeting and from my discussions with the Reps in August more than half of the locals had been visited and there were a lot of plans being made for visits in the fall.

Accident Insurance and Local Authorities Pensions were other topics which came before the Finance Committee. As a result of discussion and investigation of these issues by the Finance Committee the Executive Board adopted two new policies:

#### 1) Accident Insurance Policy

UNA take out an accident insurance policy to protect Board members and delegates while on authorized union business. This policy shall provide "topping up" to members' basic rate of pay while on leave for such accident.

#### 2) Local Authorities Pension

Any member, within five years of anticipated retirement, may apply to UNA for payback contributions to Local Authorities Pension, within the limits of the Local Authorities Pension Guidelines.

During the course of the year there were other revisions to various policies suggested by the Finance Committee. Most notably the policy Local Presidents, Part-Time Funding. This policy was completely revised at the August Board meeting with the intention of making it easier to read, stating more clearly what is expected of the Presidents and the Locals.

### LEGISLATIVE COMMITTEE

The following is a summary of the activities of the Legislative Committee, since the last Annual Meeting of UNA.

#### 1. Appeal Hearing

A member of UNA appealed the decision of the Executive Director not to proceed to arbitration on a grievance she had filed.

Any UNA member has the right to such an appeal where there is a recommendation to withdraw a grievance from arbitration, or not to proceed with a grievance, to arbitration.

In this case, the Legislative Committee

#### 3. Catholic Industrial Relations Conference

The Legislative Committee recommended to the Board that UNA participate actively on the Planning Committee for this conference. The conference was to be held as labour's commemoration of the Pope's visit to Alberta and relating directly to the Pope's position paper on roles and responsibilities of Unions, management and society in the lives of workers. The conference was to be non-sectarian in nature.

UNA withdrew its participation in this conference once the Planning Committee decided to invite the Minister of Labour in Alberta to be a presenter in the conference. This decision was made despite knowledge of UNA's policy regarding the Alberta Labour Department and in the absence of UNA's representative on the Committee.

#### 4. AFL Occupational Health Centre

The Legislative Committee endorsed UNA involvement in this centre based on three (3) points:

- a) there is so little research and documentation on health and safety risks in the nursing profession, and
- b) the knowledge that government studies have little credibility (ie. Suncor and Lodgepole.
- c) this centre will be providing work site assessment and health care intervention in the best interest of the workers.

A centre run with the workers' interests as a focus would be beneficial to our members.

#### 5. Grievance Newsletter

The Legislative and Editorial Committees have developed a grievance newsletter that will be sent to local presidents. The aim of this publication is contract interpretation education. Arbitration summaries and "contract alerts" outlining provincial trends in contract abuse will be the focus of this newsletter.



## EDITORIAL COMMITTEE

It has been a busy year for the Editorial Committee. Members worked hard developing the new "Getting It Together" and by the time you read this report I hope all Locals have received a copy.

We have been busy reviewing and advising regarding UNA's Newsbulletin. We are still hoping to hear from you. We want to print *your* story and publish what interests *you*.

A Grievance Newsletter is now being prepared. It is a one (1) page gray paper and is intended to be an "alert" plus show "trends." Watch for it.

Thanks to all members of the Editorial Committee we have updated the Terms of Reference and Goals and formulated guidelines to assist the Editorial Committee in the future. Look for information in UNA's Policy Manual under the heading "Publications."

## STEERING COMMITTEE

The Secretary-Treasurer attended the Ontario Nurses Association Annual Meeting and the Saskatchewan Union of Nurses Annual Meeting. The President plans to attend the Nova Scotia Nurses Annual Meeting in October.

The Steering Committee recommended to and it was adopted by the Board that U.N.A. obtain new office space in Edmonton with an additional cost not to exceed \$40,000 per year.

This arose because of continuing maintenance problems with our previous office space and lack of sufficient space for: meeting rooms for Board Committees; offices for the Executive Secretary, Bookkeeper, the President, the Secretary-Treasurer; and a need for additional space for a library and additional storage space. We had considered reconstruction of the previous office, however, due to the high vacancy rate in office buildings we decided that it would be more economical to move.

Issues discussed and adopted by the Board as a policy related to:

Policy re: Vice-President and Secretary-Treasurer's ability to have 70 days per year allotted for Union business to use at their discretion, in addition to Board Meetings and Delegate Meetings.

Policy Re: Criteria for Reinstatement to Membership for Disciplined Members.

Policy Re: Membership Cards, Membership Records.

Policy Re: Legal Representation that U.N.A. provides.

In addition the Steering Committee did a general review of the policies, revising and adding new ones where necessary. We also decided to revise the format of the Policy Book so that there would be indexing, numbering of policies, and cross-referencing, etc., for easier access by members.

The Committee has begun a review of the job descriptions for Executive Director, E.R.O.'s and E.P.O.

The Steering Committee reviewed and revised the long and short term goals for U.N.A. at the June 1983 Board Meeting. The Steering Committee is presently reviewing these long and short terms goals and will be meeting for a day in order to present a report of our recommendations to the next Board Meeting in December. In 1985 the Steering Committee will meet for one day prior to the August Board Meeting to review and revise these goals and make recommendations regarding the goals to present to the Annual Meeting delegates.

## EDUCATION COMMITTEE

It has been our pleasure to introduce to you our new one day educationals: Who's Who; Local Administration Level I; PRC Level I; Grievance Level I and Media. In the fall we began to offer you our most recently developed programmes: Health & Safety Level I and Assertiveness. Late next spring we will also be adding Contract Interpretation to aid you in getting ready for negotiations.

In addition we have added to our course list three new two-day educationals: Local Administration Level II, PRC Level II, and Grievance Level II. The Fall '85 Labour School (3 days) will offer Local Administration Level III; PRC Level III; and Grievance Level III.

You may be asking yourself: What do Level I, II and III mean? As we have designed our education program, Level I is an introduction to

# UNION MAIDS

*"There's a job to be done and a fight to be won."*



## UNA ANNUAL MEETING

Tuesday to Thursday  
November 6-8, 1984  
at the  
Four Seasons Hotel  
in Edmonton

There will elections for:  
UNA President  
UNA Secretary-Treasurer  
Board members  
in all districts.

the subject. Level II will give you more advanced skills and Level III will therefore give you advanced concepts and skills as a union leader.

As an Education Committee we have also examined recommendations from the Minority Bargaining Groups committee regarding educational needs of bargaining groups other than hospitals. We concluded that the same system would indeed meet these special groups' needs and that all our educationals are more or less appropriate for all of our members.

The Education Committee would like to encourage minority bargaining units to plan pro-



vincial workshops if they feel this would better meet their needs.

### Gurty Chinell Labour Education Fund

The G.C.L.E.F. has been completely utilized this year, therefore our 1985 budget will reflect an increase of funding to \$15,000 annually to provide an opportunity for our members to attend educationals that will further their union education and attend courses we do not offer at present.

The fund is to assist U.N.A. members to enhance their competence in the field of labour relations.

### Eligibility:

- 1) A member in good standing of United Nurses of Alberta.
- 2) Must be enrolled in a program for which U.N.A. has no equivalent or for which U.N.A. can not provide within a reasonable amount



of time. (ie., Collective Bargaining for Negotiating Committee members before negotiations.)

- 3) Applicants are judged on their commitment to U.N.A. and their level of activity and participation in Union activities.
- 4) Where all factors are equal the length of membership and any previous funding will be a deciding factor.

I would like to take this opportunity to thank the Education Committee for all their hard work this year.

## HEALTH & SAFETY

The Health and Safety Committee was formed at the December, 1983 Board Meeting.

The Committee developed two questionnaires that were sent out to our locals to gather information regarding the needs of members related to Health and Safety for nurses.

We reviewed films and researched articles and pamphlets to be used in the resource file and for workshops.

Members of this Committee attended the NFNU seminar in Ottawa in February and the AFL/CLC Spring School in April.

The Level I Health and Safety workshop was developed and presentation commenced in September.

A member of the Health and Safety Committee sits on the AFL Health Centre Board of Directors. We found that the concept of this Health Centre could be very worthwhile and provide a valuable service to the workers of Alberta. We feel that we as nurses can provide valuable input to this centre as well as benefit from its services. The video-tape describing the centre will be shown at the annual meeting.



# Health Report from Nicaragua

Dear Ms. Dalglish:

I recently visited Nicaragua on a study tour with Oxfam-Canada and thought you might be interested in an article on their health system for the UNA NewsBulletin.

I met with the National Executive of the health care workers union and visited a women's hospital.

Yours truly,  
Roxanne Murrell

The union of health care workers in Nicaragua is called FETSALUD. It began in 1968 and went through various stages of development until it took its present form in 1981. FETSALUD represents a unification of 2 tendencies among health care workers: a concern for economic gains and a concern for improved health care.

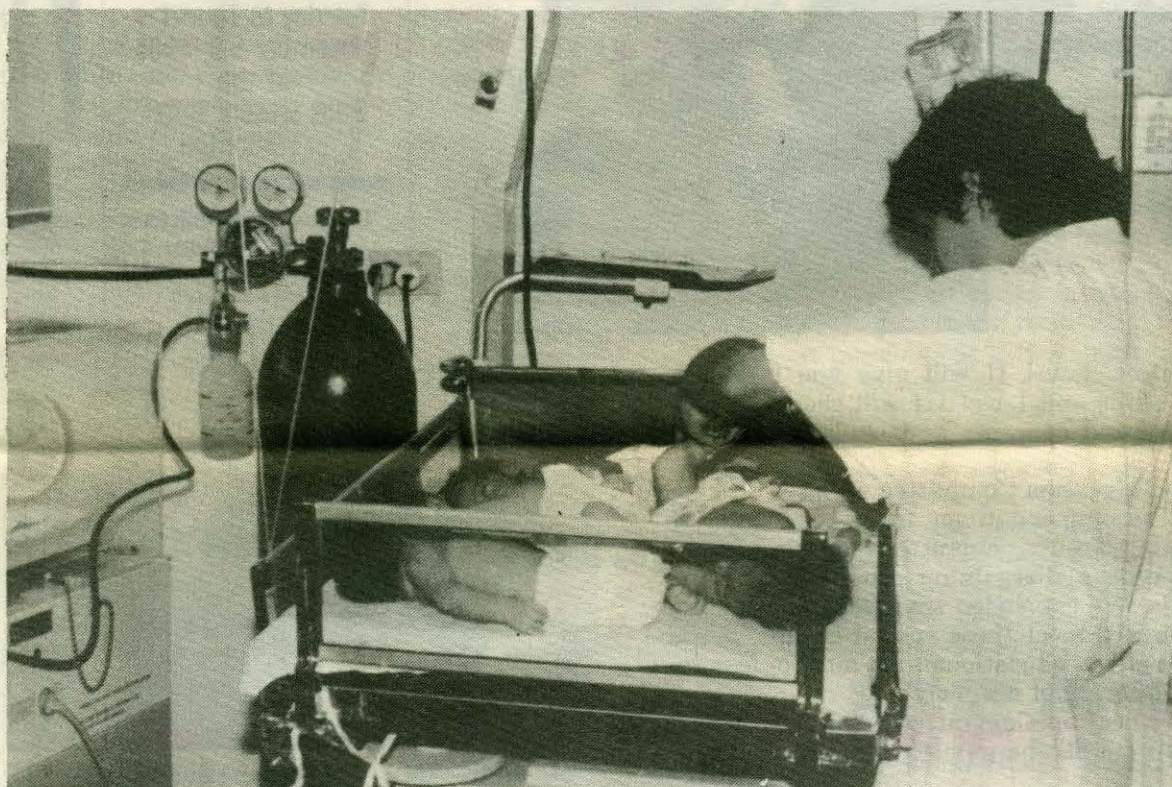
Under Somoza (before July 19, 1979), health care

clinics in the cities and countryside. They provide primary health care and are usually staffed by women. Nurses in the country near the Honduran border are working there with the knowledge that if the counter-revolutionaries attack, they will be among the first ones killed. Providing health care is deemed to be subversive.

FETSALUD represents everyone in the health care system: those working in the Ministry, doctors, nurses, laundry workers, etc. There are about 18,000 people working in healthcare, including students. About 14,000 belong to FETSALUD. 80% of the health care workers are women. 50% of the union executive are women. There are still relatively few women doctors. Since the revolution, they have signed 4 contracts

Before the revolution there was one medical school with 50 graduates a year (enough for the upper classes). Now there are 2 schools with 500 graduates. After graduation, doctors are required to do 2 years' service where the country needs them most. Other than that, they are free to work in the public sector, the private sector, or both.

This last year, a regular hospital has been converted to a women's hospital. It is a referral centre for women from all over Nicaragua. There are now about 70 births a day in the hospital. They would like to provide 24-48 hours care after birth but because of demand, women can stay only 8-12 hours. It is also a teaching hospital and women are receiving training in midwifery. This hospital, as well as others, suffers chronic scarcity of instruments and medicine because of the American economic blockade. Canadians have supported FETSALUD and health care by sending supplies and medicine through the boat project from Van-



Canadian incubator donated to Nicaragua saves the lives of new babies.

workers were among the most exploited in Nicaraguan society. The issues of health care quality were never addressed. In 1978 they went on a hunger strike for improved conditions and one female worker died.

Since the revolution, there have been major improvements in health care. This is due partly to national vaccination campaigns. There have been no cases of polio in the last 2 years. The rate of malaria has dropped from 14% to 4%. There are rehydration centres to combat one of the major causes of infant mortality—dehydration caused by diarrhea.

The Sandinista government recognizes the importance of accessible health care and does more than just talk about it. In spite of incredible economic hardships, the Sandinista government has increased funding for medical care by 600%. Today 70% of the population receive medical care, as compared to 28% before the revolution.

Part of this accessibility has been achieved through the establishment of health

satisfactory to the workers without striking. The minimum salary is 1,700 cordobas a month (\$1 is worth about 22 cordobas) and the maximum salary is 10,000 cordobas a month. There is a push within the union to reduce the gap between the minimum and maximum.

couver in December, 1983. Continued American destabilization tactics jeopardize the advances made in health care and indeed, in all sectors of Nicaraguan society.

## Arbitrator cancels outrageous bill

An Ontario arbitrator who initially charged \$1,607.40 for a few hours work on a case, has changed his mind and cancelled the bill instead.

Arbitrator Richard McLaren had sent the outrageous bill to the Canadian Textile and Chemical Union for an arbitration case the union won, which took all of an hour and a half to present and involved only the most straight-forward of issues.

In a May 17 letter to McLaren, CTCU officers said the union flatly refused to pay the bill, and sent instead a cheque covering the union's share of his expenses and \$200 as its share of a generous fee for services performed.

On June 11, the CTCU received a letter from McLaren, who returned the union's cheque and said he was waiving his fees and expenses and cancelling the bill.

The same day, provincial NDP labour critic Bob MacKenzie raised the question of

high arbitration fees in the Ontario legislature, making specific reference to the CTCU case and asking for limits on arbitrator's fees. Labour minister Russell Ramsay answered that the issue is under "active study within the ministry."

CTCU executive vice-president Laurell Ritchie said McLaren's decision to cancel his fees is a victory for the union. "Even the arbitrators themselves know there is no defence for the ridiculous fees they are charging," she said.

Ritchie encouraged other unions to challenge arbitrators over fees they are charging, and to press government to set reasonable limits on arbitrator's fees.

"These sky-rocketing fees exploit workers, and make a mockery of the arbitration process by making it so expensive that it is not accessible," she said. "Ultimately, we need to have the right to strike in mid-contract. That would be the surest and fairest way to resolve disputes."

## South Africa blacks strike every day

Johannesburg, South Africa (Labour News) — There has been a strike a day by black workers' union in South Africa over the past three years.

Unions representing black workers, who are generally prevented by law from joining white unions, "are showing great skill in negotiations and industrial confrontation," says the general secretary of the International Metalworkers' Federation.

Black unions are strong foes of the racist apartheid policies of the ruling government. Some 15% of the country's population — the white minority — rules South Africa.

Herman Rubhan released a report on the state of black unions at the IMF headquarters in Geneva, Switzerland. The IMF represents unions of about 13 million members around the globe.

He said unions outside South Africa that represent employees in firms with subsidiaries here should organize "factory-to-factory links and exchange visits between shop stewards" with the black unions.

In the past decade black union membership has grown steadily, from about 40,000 in 1973 to half a million today.

—Canadian Association of Labour Media.

### Executive Board

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